



ADAAK TELEPHONE UTILITY
ADAAK CABLEVISION
WINDY CITY BROADBAND
WINDY CITY CELLULAR

October 31, 2013

ORIGINAL

Accepted/Files

OCT 31 2013

Ms. Marlene H. Dortch, Secretary
Federal Communications Commission
445 12th Street, S.W.
Washington, D.C. 20554

Federal Communications Commission
Office of the Secretary

Re: Adak Telephone Utility
FCC Form 481 - WC Docket No. 10-90

Dear Ms. Dortch:

Adak Telephone Utility hereby files its FCC Form 481. Pursuant to the Protective Order adopted in the above-referenced proceeding, please find enclosed one copy of the confidential version of this filing, and two copies of the public version of this filing in redacted form with an accompanying copy of this cover letter.

Each page of the confidential version bears the legend "CONFIDENTIAL FINANCIAL INFORMATION - SUBJECT TO PROTECTIVE ORDER IN WC DOCKET NOS. 10-90, 07-135, 05-337, 03-109, CC DOCKET NOS. 01-92, 96-45, GN DOCKET NO. 09-51, WT DOCKET NO. 10-208, BEFORE THE FEDERAL COMMUNICATIONS COMMISSION."

The two copies of the public version and the accompanying cover letter bear the legend "REDACTED - FOR PUBLIC INSPECTION."

Two copies of the confidential version of this filing also are being directed to Mr. Charles Tyler of the Telecommunications Access Policy Division - Wireline Competition Bureau, as required by the Protective Order.

Should you have any questions with respect to this filing, please contact the undersigned.

Sincerely,

Andilea Weaver
Adak Telephone Utility
Chief Operations Officer
1410 Rudakof Circle
Anchorage, Alaska 99508
(907) 222-0844

No. of Copies rec'd 04
List ABCDE

Form 100-1000 Annual Reporting
Data Collection Form

<010> Study Area Code 610989
<015> Study Area Name ADAK TEL UTILITY
<020> Program Year 2014
<030> Contact Name: Person USAC should contact with questions about this data Andilea Weaver
<035> Contact Telephone Number: 907-222-0844
<039> Contact Email Address: aweaver@adaktu.net

Accepted/Files

OCT 31 2013

Federal Communications Commission
Office of the Secretary

ANNUAL REPORTING FOR ALL CARRIERS

<100> Service Quality Improvement Reporting (complete attached worksheet) (check box when complete)
<200> Outage Reporting (voice) (complete attached worksheet)
<210> ☒ -- check box if no outages to report
<300> Unfulfilled Service Requests (voice) 0 (attach descriptive document)
<310> Detail on Attempts (voice)
<320> Unfulfilled Service Requests (broadband)
<330> Detail on Attempts (broadband) (attach descriptive document)
<400> Number of Complaints per 1,000 customers (voice)
<410> Fixed 0.0
<420> Mobile
<430> Number of Complaints per 1,000 customers (broadband)
<440> Fixed
<450> Mobile
<500> Service Quality Standards & Consumer Protection Rules Compliance (check to indicate certification)
<510> (attached descriptive document)
<600> Functionality in Emergency Situations (check to indicate certification)
<610> (attached descriptive document)
<700> Company Price Offerings (voice) (complete attached worksheet)
<710> Company Price Offerings (broadband) (complete attached worksheet)
<800> Operating Companies and Affiliates (complete attached worksheet)
<900> Tribal Land Offerings (Y/N)? (if yes, complete attached worksheet)
<1000> Voice Services Rate Comparability (check to indicate certification)
<1010> (attach descriptive document)
<1100> Terrestrial Backhaul (Y/N)? (if not, check to indicate certification)
<1110> (complete attached worksheet)
<1200> Terms and Condition for Lifeline Customers (complete attached worksheet)

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000> (check to indicate certification)
<2005> (complete attached worksheet)

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000> (check to indicate certification)
<3005> (complete attached worksheet)

(100) Service Quality/Improvement Reporting
Data Collection Form

FCC Form 481
OMB Control No. 3060-0985/OMB Control No. 3060-0319
July 2013

<010>	Study Area Code	610989
<015>	Study Area Name	ADAX TEL UTILITY
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Andilea Weaver
<035>	Contact Telephone Number - Number of person identified in data line <030>	907-222-0844
<039>	Contact Email Address - Email Address of person identified in data line <030>	aweaver@adaxtel.net
<110>	Has your company received its ETC certification from the FCC? If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	<input type="radio"/> (yes / no) <input type="radio"/> (yes / no)
<111>		<input type="radio"/> (yes / no) <input checked="" type="radio"/> (yes / no)

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How (USF) was used to improve service quality
- <116> How (USF) was used to improve service coverage
- <117> How (USF) was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

Name of Attached Document (.pdf)

FCC Form 481
OMB Control No. 3060-9886/OMB Control No. 3060-0819
July 2013

670989

2014

307-222-0844

<UFE> awanveroadaktu.net

<30> www.averoadaktu.net

See attached worksheet --

Page 4

<010>	Study Area Code	610989
<015>	Study Area Name	ADAK TEL UTILITY
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Andilea Weaver
<035>	Contact Telephone Number - Number of person identified in data line <030>	907-222-0844
<039>	Contact Email Address - Email Address of person identified in data line <030>	aweaver@adaku.net

Residential Local Service Charge Effective Date

Single State-wide Residential Local Service Charge

Exhibit 1
Page 4 of 24

Page 5

[illegible]

Page 6

THE UNIVERSITY OF CHICAGO PRESS

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[illegible]

~~See attached worksheet --~~

Page 7

Adak Island - Aleut ANRC - (SAC) 610989

Name of Attached Document (.pdf)

[illegible]

<921>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
<922>	Feasibility and sustainability planning;
<923>	Marketing services in a culturally sensitive manner;
<924>	Compliance with Rights of way processes
<925>	Compliance with Land Use permitting requirements
<926>	Compliance with Facilities Siting rules
<927>	Compliance with Environmental Review processes
<928>	Compliance with Cultural Preservation review processes
<929>	Compliance with Tribal Business and Licensing requirements.

(f)(6) Not Terrestrial Backhaul Reporting
 Data Collection Form
 Form 134
 OF BUREAU OF SPECTRUM MANAGEMENT
 JULY 2013

<010>	Study Area Code	610989
<015>	Study Area Name	ADAK TEL UTILITY
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Andilea Weaver
<035>	Contact Telephone Number - Number of person identified in data line <030>	907-222-0844
<039>	Contact Email Address - Email Address of person identified in data line <030>	aweaver@adaktu.net

<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G) ☒

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G) ☐

Page 9

[illegible]

610989

2014

Andile Wever

907-222-0844

ЗАДАЧА

100

610989 AK 1210 Lifeline Terms & Condt

www.adaktu.net



1702

2000 RELEASE UNDER E.O. 14176

Journal of Management Education 30(6)p.789-804
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<http://www.sagepub.com/journalsPermissions.nav>

510989

Study Area Code

Study Area Name	Study Area Name
-----------------	-----------------

STUDY AREA NAME	STUDY YEAR
STUDY AREA NAME	STUDY YEAR

Program Year	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024	2024-2025	2025-2026	2026-2027	2027-2028	2028-2029	2029-2030	2030-2031	2031-2032	2032-2033	2033-2034	2034-2035	2035-2036	2036-2037	2037-2038	2038-2039	2039-2040	2040-2041	2041-2042	2042-2043	2043-2044	2044-2045	2045-2046	2046-2047	2047-2048	2048-2049	2049-2050	2050-2051	2051-2052	2052-2053	2053-2054	2054-2055	2055-2056	2056-2057	2057-2058	2058-2059	2059-2060	2060-2061	2061-2062	2062-2063	2063-2064	2064-2065	2065-2066	2066-2067	2067-2068	2068-2069	2069-2070	2070-2071	2071-2072	2072-2073	2073-2074	2074-2075	2075-2076	2076-2077	2077-2078	2078-2079	2079-2080	2080-2081	2081-2082	2082-2083	2083-2084	2084-2085	2085-2086	2086-2087	2087-2088	2088-2089	2089-2090	2090-2091	2091-2092	2092-2093	2093-2094	2094-2095	2095-2096	2096-2097	2097-2098	2098-2099	2099-2100	2100-2101	2101-2102	2102-2103	2103-2104	2104-2105	2105-2106	2106-2107	2107-2108	2108-2109	2109-2110	2110-2111	2111-2112	2112-2113	2113-2114	2114-2115	2115-2116	2116-2117	2117-2118	2118-2119	2119-2120	2120-2121	2121-2122	2122-2123	2123-2124	2124-2125	2125-2126	2126-2127	2127-2128	2128-2129	2129-2130	2130-2131	2131-2132	2132-2133	2133-2134	2134-2135	2135-2136	2136-2137	2137-2138	2138-2139	2139-2140	2140-2141	2141-2142	2142-2143	2143-2144	2144-2145	2145-2146	2146-2147	2147-2148	2148-2149	2149-2150	2150-2151	2151-2152	2152-2153	2153-2154	2154-2155	2155-2156	2156-2157	2157-2158	2158-2159	2159-2160	2160-2161	2161-2162	2162-2163	2163-2164	2164-2165	2165-2166	2166-2167	2167-2168	2168-2169	2169-2170	2170-2171	2171-2172	2172-2173	2173-2174	2174-2175	2175-2176	2176-2177	2177-2178	2178-2179	2179-2180	2180-2181	2181-2182	2182-2183	2183-2184	2184-2185	2185-2186	2186-2187	2187-2188	2188-2189	2189-2190	2190-2191	2191-2192	2192-2193	2193-2194	2194-2195	2195-2196	2196-2197	2197-2198	2198-2199	2199-2200	2200-2201	2201-2202	2202-2203	2203-2204	2204-2205	2205-2206	2206-2207	2207-2208	2208-2209	2209-2210	2210-2211	2211-2212	2212-2213	2213-2214	2214-2215	2215-2216	2216-2217	2217-2218	2218-2219	2219-2220	2220-2221	2221-2222	2222-2223	2223-2224	2224-2225	2225-2226	2226-2227	2227-2228	2228-2229	2229-2230	2230-2231	2231-2232	2232-2233	2233-2234	2234-2235	2235-2236	2236-2237	2237-2238	2238-2239	2239-2240	2240-2241	2241-2242	2242-2243	2243-2244	2244-2245	2245-2246	2246-2247	2247-2248	2248-2249	2249-2250	2250-2251	2251-2252	2252-2253	2253-2254	2254-2255	2255-2256	2256-2257	2257-2258	2258-2259	2259-2260	2260-2261	2261-2262	2262-2263	2263-2264	2264-2265	2265-2266	2266-2267	2267-2268	2268-2269	2269-2270	2270-2271	2271-2272	2272-2273	2273-2274	2274-2275	2275-2276	2276-2277	2277-2278	2278-2279	2279-2280	2280-2281	2281-2282	2282-2283	2283-2284	2284-2285	2285-2286	2286-2287	2287-2288	2288-2289	2289-2290	2290-2291
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DATE	TIME	CONTACT NAME - PERSON USAC SHOULD CONTACT REGARDING THIS DATA	PHONE NO. - 1st. data line - 0200	907-222-0844
<030>				

507-222-0613

ANAL TEL UTILITY

2014

James M. Oliver

70-2201-50741A

8160-277-105

CHECK the boxes below to note compliance as a recipient of incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support.

Incremental! Connect America Phase I reporting

Incremental Collect Amounts : none reported

<2010>
2nd Year Certification (4/ CFK 9 54:53a)(1/1)

U.S. Forest Service Forest Certification (47 CFR 65.432(a))

Price Cap Carrier Receiving Frozen Support

<2012>

2014 Frozen Support Certification

2015 Frozen Support Certification

U.S. Department of Commerce

Price Cap Carrier Connect America RLC support (4/7 CTR)

Connect America Phase II Reporting (47 CFR § 54.313(e))

Connect America Phase II Reporting (4/1/13-3/31/14)

<2017>
3rd year Broadband Service Certification

<2018>

<2019>

Please check the box to confirm that the attached PDF , on line 2021,

contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient

4. CAS Phase II support shall provide the number, names, and addresses of

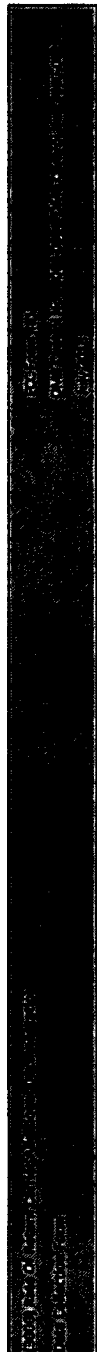
of CAF Phase II support shall provide the

community anchor institutions to which began pr

Volume of Attached Document Listing Required Information

20215

REDACTED - FOR PUBLIC INSPECTION



610989	Study Area Code
ADAK TEL UTILITY	Study Area Name
2014	Program Year
Andilee Weaver	Contact Name - Person USAC should contact regarding this data
907-222-0844	Contact Telephone Number - Number of person identified in data line <330>
aweaver@adarku.net	Contact Email Address - Email Address of person identified in data line <330>

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.302(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

Progress Report on 5 Year Plan

(3010) Milestone Certification (47 CFR § 54.313(f)(1)(ii))
Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

Name of Attached Document Listing Required Information

(3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))
(3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))
(3014) If yes, does your company file the RUS annual report
Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

Name of Attached Document Listing Required Information

(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)

Name of Attached Document Listing Required Information

(3016) PDF of Balance Sheet, Income Statement and Statement of Cash Flows

Name of Attached Document Listing Required Information

(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

(3018) If the response is no on line 3014, is your company audited?

Name of Attached Document Listing Required Information

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

Name of Attached Document Listing Required Information

(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications PDF of Balance Sheet, Income Statement and Statement of Cash Flows

Name of Attached Document Listing Required Information

(3020) Management letter issued by the independent certified public accountant that performed the company's financial audit.

Name of Attached Document Listing Required Information

(3021) If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

Name of Attached Document Listing Required Information

(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers.

Name of Attached Document Listing Required Information

(3023) Underlying information subjected to a review by an independent certified public accountant

Name of Attached Document Listing Required Information

(3024) Underlying information subjected to an officer certification.

Name of Attached Document Listing Required Information

(3025) PDF of Balance Sheet, Income Statement and Statement of Cash Flows

Name of Attached Document Listing Required Information

(3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

Certification of Accuracy	
Data reported on this form is accurate.	

<010>	Study Area Code	610989
<015>	Study Area Name	ADAK TEL UTILITY
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Andilea Weaver
<035>	Contact Telephone Number - Number of person identified in data line <030>	907-222-0844
<039>	Contact Email Address - Email Address of person identified in data line <030>	aweaver@adaktu.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: ADAK TEL UTILITY	
Signature of Authorized Officer: CERTIFIED ONLINE	Date: 10/14/2013
Printed name of Authorized Officer: Larry Mayes	
Title or position of Authorized Officer: President/CEO	
Telephone number of Authorized Officer: 907-222-0844	
Study Area Code of Reporting Carrier: 610989	Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

<010>	Study Area Code	610989
<015>	Study Area Name	ADAK TEL UTILITY
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<030>	Contact Name - Person USAC should contact regarding this data	Andilea Weaver
<035>	Contact Telephone Number - Number of person identified in data line <030>	907-222-0844
<039>	Contact Email Address - Email Address of person identified in data line <030>	aweaver@adaktu.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

REDACTED - FOR PUBLIC INSPECTION

Attachments

(700) The Ontario Ministry of Education
has been notified.
BY: [Signature]

<010>	Study Area Code	
<015>	Study Area Name	ADAK TEL UTILITY
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Andilee Weaver
<035>	Contact Telephone Number - Number of person identified in data line <030>	907-222-0844
<040>	Contact Email Address - Email Address of person identified in data line <030>	aweavaredaktu.net

<701> Residential Local Service Charge Effective Date

[illegible]

[illegible]

<010>	Study Area Code	610989
<015>	Study Area Name	ADAK TEL UTILITY
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Audilea Weaver
<035>	Contact Telephone Number - Number of person identified in data line <030>	907-222-0844
<039>	Contact Email Address - Email Address of person identified in data line <030>	aweaver@adaku.net
<810>	Reporting Carrier	Adak Telephone Utility
<811>	Holding Company	N/A
<812>	Operating Company	Adak Baige Enterprises LLC

[illegible]

Tribal Lands Report

(921) Adak Eagle Enterprise, LLC dba Adak Telephone Utility, Windy City Cellular, LLC (WCC), and Windy City Broadband, LLC (WCB) have provided the community which they server on Native Land with up to date technology that will assist with School Learning, Library research on line, and let the local community preform their business in the business market around the world.

(922) High quality communication infrastructure is essential for sustainable economic growth. The development of high speed broadband technology and other communications networks play a vital role in enhancing the provision of local community facilities and service. As a communication provider we work closely with The Aleut Corporation, City of Adak Government and the Local Community to keep everyone inform on what new service or equipment that we like to bring to the community to help in enrich their lives and give them a change to ask question about service.

(923) AEE and WCC provide communication service on native land and we must be award and accept their cultures and not to offend their tradition and way of life. It is essential that we work closely with the Native Corporation and Community when we are doing Marketing Service.

(924) Within AEE lease with The Aleut Corporation (TAC) granted us the following easement right: Twenty (20) foot easement right centered under and over all access corridors to all phone vaults and under and over all current phone cable locations. Also we must submit drawing and detail information pertaining to the dig to the City of Adak and US Navy to get their approver.

(925) AEE and WCC are in compliance with their lease with the Aleut Corporation to use the land for telecommunication only.

(926) Within AEE lease TAC have setup a disposal site for AEE to bring their waste material. Also the City of Adak have site of sites for the local community to bring their hazardous waste materials.

(927) Adak Island was a US Navy base that close and The Aleut Corporation receive their land back which during the tentency there is a lot environmental issue. Before we can dig in any location we must first get approver for the US Navy, TAC, and City of Adak. We are in compliance with Environment Review processes.

(928) AEE and WCC are in compliance with Cultural Preservation. While we are digging and we come across anything that that look like Artifact, everything cease operation and we inform TAC and U.S. Government local agency.

(929) AEE and WCC are in compliance with Tribal Business Planning to make sure that there is a high quality communication infrastruce in the community. By have a good communication infrasturce for the community this will inhance the ability to build a strong, resposive and competitive economy.



ADAK TELEPHONE UTILITY

WINDY CITY CELLULAR

Lifeline and Link-Up Assistance Program

SUBSCRIBER APPLICATION FORM – Document must be completed by person seeking Lifeline service

First Name	Last	M.I.	Date
Address	Temporary or Permanent	Unit #	
City	State	ZIP	
Birthdate	E-mail Address		
Last 4 Digits of Social Security#	Driver's License State	Driver's License #	

Current Telephone Service

- ☐ I do not currently have telephone service
- ☐ I currently have telephone service at the above address: Phone # 907-_____
- ☐ I currently receive monthly Lifeline assistance for the above line.
(Note: Lifeline assistance is limited to one phone line, landline or cellular)
- ☐ I previously received Link Up assistance at the above address.
(Note: You may not receive Linkup Assistance more than once at the same residence)

ELIGIBILITY REQUIREMENTS – Assistance Program Participation or Household Income Level (Check A or B)

- A. ☐ I currently participate in or receive benefits from one or more of the following Programs
(For each program checked, you will need to provide proof of participation before the application will be accepted).

Assistance Program Participation

- | | |
|---|--|
| <input type="checkbox"/> Medicaid (not Medicare) | <input type="checkbox"/> Child Care Assistance Program |
| <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Senior Care |
| <input type="checkbox"/> Supplemental Security Income | <input type="checkbox"/> Women, Infants and Children's Program |
| <input type="checkbox"/> Denali Kid Care | <input type="checkbox"/> Pioneer Home Payment Assistance |
| <input type="checkbox"/> Alaska Adult public Assistance program | <input type="checkbox"/> National School Lunch Program |
| <input type="checkbox"/> Veterans Administration (VA) Disability Pension | <input type="checkbox"/> Alaska State Housing Corporation's Programs (Public Housing, Interest Rate Reduction for Low Income Borrowers, Home Investment Partnership "HOME", Low Income Housing Tax Credit Program, Senior Citizen Housing Development or |
| <input type="checkbox"/> State of Alaska Heating Assistance Program | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Alaska State Housing Corporation's Federal Public Housing Assistance (Section 8) | |
| <input type="checkbox"/> Low Income Home Energy Assistance | |
| <input type="checkbox"/> Temporary Assistance for Needy Families | |
| <input type="checkbox"/> Alaska Temporary Assistance Program | |

- B. ☐ There are _____ members of my household and my household income is at or below 135% of the Federal Income Eligibility Thresholds. (Note: You must provide documentation verifying your household income. When providing documents pertaining to monthly benefits or wages, customer must provide 3 consecutive months of proof.)

Income Eligibility Thresholds

Size of Household	Income Eligibility Level for 2012, or Alaska	Documentation of "household" income must be provided in one of the following form:
1	\$18,860	<ul style="list-style-type: none"> • A previous year's state of federal tax return • A current income statement from an employer or 3 months of paycheck stubs • A statement of benefits from the U.S. Social Security Admin. • A statement of benefits from the U.S. Dept. of Veterans Affairs • A retirement or pension statement of benefits • An unemployment or worker's compensation statement of benefits • A federal or tribal notice of letter of participation in general assistance • A divorce decree or child support document • Any other official documentation to substantiate income <p><i>"Household" means all persons who occupy a housing unit, regardless of whether they are related to each other.</i></p>
2	\$25,542	
3	\$32,225	
4	\$38,907	
5	\$45,590	
6	\$52,272	
7	\$58,955	
8	\$65,637	
For each additional person, add	\$6,683	

Lifeline Critical Information

- Lifeline service is a government program that enables qualified low-income consumers to receive discounted service on either a wireless or landline phone. Qualifying consumers are limited to one Lifeline service per household. A household is any individual or group of individuals who live together at the same address and share income and expenses.
- A household is not permitted to receive Lifeline benefits from multiple providers. Any such violation of the one-per-household limitation constitutes a violation of federal law and will result in the subscriber's de-enrollment from the program. Defrauding a federal government program may also result in fines and/or criminal prosecution, and/or being barred from future participation in government programs.
- Lifeline is a non-transferable benefit. The subscriber may not transfer his or her benefit to any other person at any time.

Participant Responsibilities

- Subscriber will notify their carrier within 30 days if, for any reason, he or she no longer meets the eligibility requirements listed above.
- If the subscriber moves to a new address, he or she will provide that new address to their carrier within 30 days.

Toll Limitation

- ☐ I elect to not allow the completion of outgoing toll (long distance) calls from my telephone. (Note: You will not be charged a deposit to initiate service if you elect toll limitation.)

Subscriber Acknowledgements

I acknowledge and certify under penalty of perjury that (1) I have read the information in this application; (2) the information contained in this application is true and correct; and (3) I understand that I must meet the above qualifications to receive Lifeline and Link-Up assistance.

- 1) I understand that Lifeline support is only available for a single telephone line at my principal residence or a cellular subscriber line.
- 2) I understand that I may not receive Link-Up assistance more than once at the same principle residence.
- 3) I understand that completion of this application does not constitute immediate enrollment in this program.
- 4) I understand service will be provided subject to the terms and conditions of service explained by the customer service agent, rate plan brochure and Lifeline and Link-Up application.
- 5) I agree to notify ATU/WCC within thirty (30) calendar days if (A) my household income exceeds 135% of the federal poverty guidelines or (B) I no longer participate in the program(s) identified above.
- 6) I further consent to the release of the information on this application internally (including financial information) pursuant to the administration of this program.
- 7) I understand that providing false statements in order to receive a federal government program is punishable by law.
- 8) I understand that at any time, I will be required to provide continued proof of eligibility, and if I fail to provide that information, it will result in my de-enrollment and the termination of my benefit of Lifeline service.
- 9) I give consent for my information to be shared with the Universal Service Administration Company (USAC) and/or its agents for the purpose of verifying that I do not receive more than one Lifeline benefit.
- 10) The information contained in this application is true and correct to the best of my knowledge.

Printed Name of Applicant

Signature of Applicant

Date

REDACTED - FOR PUBLIC INSPECTION

*****OFFICIAL OFFICE USE ONLY*****

ADAK TELEPHONE UTILITY AND WINDY CITY CELLULAR INTERNAL

- Application received and processed by: _____
Print Name

Location
- Type of Lifeline Service Applied for: ☐ Landline ☐ Mobile
- Link-Up benefit requested: ☐ Yes ☐ No
- Document reviewed for eligibility: _____
- Date of expiration: _____
- Name on Form matches Life line Application ☐ Yes ☐ No
- Address on Form matches Lifeline Application ☐ Yes ☐ No
- How was the document received: _____
- Date Form was reviewed for Certification: _____
- Date service was initiated: _____
- ATU/WCC Customer Number Assigned: _____

REDACTED - FOR PUBLIC INSPECTION

[Company/Agency Letterhead] Lifeline Household Worksheet

Name	
Address	
Telephone Number	

Lifeline is a government program that provides a monthly discount on home or mobile telephone services. Only ONE Lifeline discount is allowed per household. Members of a household are not permitted to receive Lifeline service from multiple telephone companies.

Your household is everyone who lives together at your address as one economic unit (including children and people who are not related to you).

The adults you live with are part of your economic unit if they contribute to and share in the income and expenses of the household. An adult is any person 18 years of age or older, or an emancipated minor (a person under age 18 who is legally considered to be an adult). Household expenses include food, health care expenses (such as medical bills) and the cost of renting or paying a mortgage on your place of residence (a house or apartment, for example) and utilities (including water, heat and electricity). Income includes salary, public assistance benefits, social security payments, pensions, unemployment compensation, veteran's benefits, inheritances, alimony, child support payments, worker's compensation benefits, gifts, and lottery winnings.

Spouses and domestic partners are considered to be part of the same household. Children under the age of 18 living with their parents or guardians are considered to be part of the same household as their parents or guardians. If an adult has no income, or minimal income, and lives with someone who provides financial support to that adult, both people are considered part of the same household.

You have been asked to complete this Worksheet because someone else currently receives a Lifeline-supported service at your address. This other person may or may not be a part of your household. Answer the questions below to determine whether there is more than one household residing at your address.

- Does your spouse or domestic partner (that is, someone you are married to or in a relationship with) already receive a Lifeline-discounted phone? (check no if you do not have a spouse or partner) ☐ YES ☐ NO
 - If you checked YES, you may not sign up for Lifeline because someone in your household already receives Lifeline. Only ONE Lifeline discount is allowed per household.
 - If you checked NO, please answer question #2.
- Other than a spouse or partner, do other adults (people over the age of 18 or emancipated minors) live with you at your address?

A. A parent	<input type="checkbox"/> YES <input type="checkbox"/> NO	D. An adult roommate	<input type="checkbox"/> YES <input type="checkbox"/> NO
B. An adult son or daughter	<input type="checkbox"/> YES <input type="checkbox"/> NO	E. Other	<input type="checkbox"/> YES <input type="checkbox"/> NO
C. Another adult relative (such as a sibling, aunt, cousin, grandparent, grandchild, etc.)	<input type="checkbox"/> YES <input type="checkbox"/> NO		

 - If you checked NO for each statement above, you do not need to answer the remaining questions. Please initial line B, below, and sign and date the worksheet.
 - If you checked YES, please answer question #3.
- Do you share living expenses (bills, food, etc.) and share income (either your income, the other person's income or both incomes together) with at least one of the adults listed above in question #2? ☐ YES ☐ NO
 - If you checked NO, then your address includes more than one household. Please initial lines A and B below, and sign and date the worksheet.
 - If you checked YES, then your address includes only one household. You may not sign up for Lifeline because someone in your household already receives Lifeline.

CERTIFICATION

Please initial the certifications below and sign and date this worksheet. Submit this worksheet to _____ [insert company or agency name] along with your Lifeline application.

- ☐ I certify that I live at an address occupied by multiple households.
- ☐ I understand that violation of the one-per-household requirement is against the Federal Communication Commission's rules and may result in me losing my Lifeline benefits, and potentially, prosecution by the United States government.

Signature _____

Date _____

**Operating Report for
Telecommunications Borrowers
Pages 23-31
Redacted for Public Inspection**

**Audited Financial Statements
Pages 32-52
Redacted for Public Inspection**